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FOR - STATE

DHMH-16 60M 1/73

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

CERTIFICATE OF DEATH

Newark, Del.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH 2h, HOUR 15, 1979 JUNE 12:40PN HOURS

BALTIMORE CITY OR COUNTY OF DEATH

12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Housewife

Lake Side Drive LAST

COUNTY

STATE

Mr. William Davidson. Ackron. Ohio

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

(our) opinion death occurred on the date and hour and from the causes stated

LAST

STATE Immaculate Conception Cemetery. 6/19/79 Burial Eliton. Maryland 24 FUNERAL DIRECTOR

ADDRESS

ELKTON, MD

DHMH - 16 60M 1/75 (VR A 15 (4))

FOR

REGISTRAR

DECEASED NAME

- STATE

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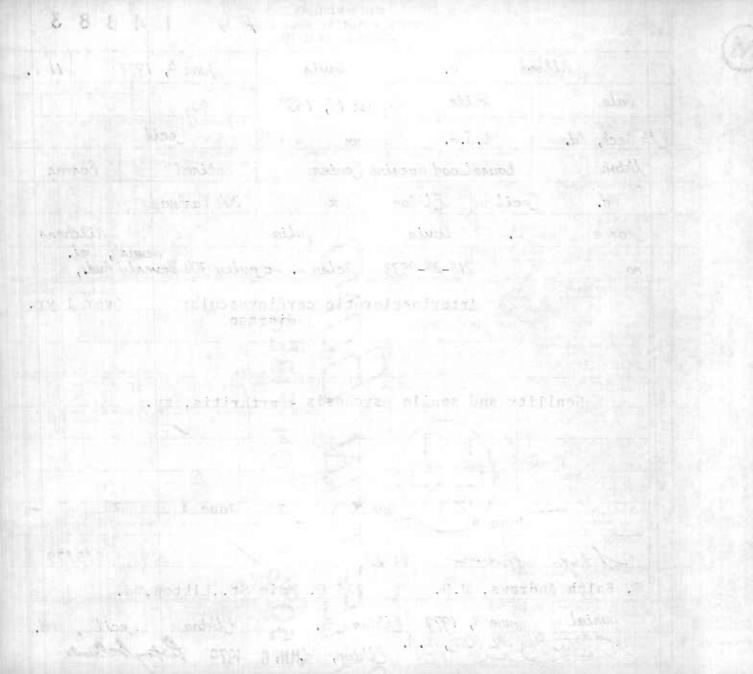
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in tel. 16/19/79 | Immediate Concestion Constent. Sixted. Main law

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STATE OF MARYLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGINE	4							

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1	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	1 4	8 8	4	
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3 S		4 RACE		DATEO		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	# UNDER	24 HRS
	Male	Cau.	1	Augu	st 13. 1925	53	YRS	MONTHS DAYS	HOURS	MIN
7 70.1	BIRTHPLACE STATE OR FOREIGN		WHAT COUNTRY?	MADDIEC	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	0.00	
5	Penna.	USA		VIDOWE		(ecil (ounty			MD.
15	erry Point	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET ADDI	RESS)	R OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND C INDUSTRY	F BUSINE	SSOR
35 130	UAL RESIDENCE (IF NURSING HOME (STATE) 136 COL	DROTHER INSTITUTION, INTY Exter	130 CITY OR TOWN Chester		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ow St	reet		
7 14.1	FATHER'S NAME	J. Doi	natello, Si	no.	15 MOTHER'S MAIDEN NAM		3 0	210000	ies	
	WAS DECEASED EVER IN A	MED FORCES?	166 SOCIAL SECURITY	Y NO.	17 INFORMANT	ADDRE	SS			
2		46	206120904		Clara Ann Ba	iley, 217 Jh	urlow	St. (he	ster,	Pa
NO NO	Canditions, if ony, which gave rise to immediate cause to stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, OF	r as a consequenc	E OF	NOT RELATED TO THE TERM			EN IN PART 16	01	
CERTIFICATION	19a. DATE OF OPERATION	196. CONDI	TION FOR WHICH OP	ERATION	N WAS PERFORMED	200. AUTOPSY?		, WERE FINDIF		H?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	LAIN.	M. MONTH DAY	YEAR	21c. HOW INJURY OCCURR				140 [
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FARM	, ETC.)	21f. LOCATION STREET	CITY OR TOV	W	COUNTY	\$T	ATE ·
	22a.1 certify that (I) (this has sow the deceased alive cobove, 20 (we) (did) (Max	6	3. 16 70		5-25- , 19 78 d that in (our) opinion o			r and from the		
	226. SIGNATURE		N.D.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE 6-1	SIGNED .8-79	
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT			22e ADDRESS			50% E		
	A. L. MOONEY	, M.D.			VA Medica	1 Center, E	erry	Point,	Md.	
	BURIAL, CREMATION, REMOVA SPECIFY) Durige	236. DATE June 20.		AE OF CE	emetery or crematory ate Heart Cem	23d. LOCATION CITY OR TOWN	Dela	COUNTY	Penn	

BP

DHMH - 16 50M 7/77 (VR A 15 (4))

Patterson & Son, Perryville, Md.

JUN 1 9 19/9

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.co A. Patterson & Son. Porryrille, Di.

A 6 6 A L V A PORTER NOTE

				STATE OF MARYLAND		
	1-	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGUNE 9 1 4	8 8 5
	1.050	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 75 HOUR
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y de de	3. SEX		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 I
ge 4 ector	N	Male	White	MAY 8, 1893	86 YRS	MONTHS DAYS HOURS N
erol dir		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR COUNT	Y OF DEATH
nero in 73		orth Carolina	USA	WIDOWED DIVORCED		
with with	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b KIND OF BUSINESS
by the	E	Elkton	Union Hospit			Paper Co.
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s l o		AS DECEASED EVER IN U.S.	Eastridge ARMED FORCES? 16b SOCIAL SE		ADDRESS	Runalls
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dec atte		Conditions, if any, which gave rise to immediate	(b)	C) N'		
the rem		couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF		Market State
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quires signe hen plu o bury, q	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART 1(a)
w rec	CERTIFICATION	1% DATE OF OPERATION	TIPE CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
n. n. ne pr ws ou	FF	The DATE OF STERMING			IN CERTI	FYING CAUSES OF DEATH?
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S S S S S S S S S S S S S S S S S S S			spital) attended the deceased from	107/0	to long if	1979, that (1) (we
Hand Safe Sa		now the deceased alive	on	, and that in (my) (our) opinio	on death occurred on the date and ha	ur and from the causes state
第二 開発事業		27h SIGNATURE	00	DEGREE		221. DATE SIGNED
A 444 F		V. n. V	X ton-	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/6/79
HOSPIT med by FUNER Inte St OPTAN	1	THE PHYSICIAN'S NAME LIPP	E DR PRINT)	22e ADDRESS		
HOS HUNGER POST	1	Joseph G.	Lanzi, M.D.	Elkton Med	dical Park, Elkton	n. Md.
0 8 5 4 3 3-	23n B	URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATOR	23d, LOCATION	
BP	{5	PECIFY)	1 1 1 1 1		CITY OR TOWN	COUNTY
	-	Burial INERAL DIRECTOR	11.11	Conowingo Baptist (ATE REC'D. BY REGISTRAR 20 REGIS	TRANS SHOP ATTING
	17	NAMES OF THE	ADDRESS	URLINI	A	1/10 Cready
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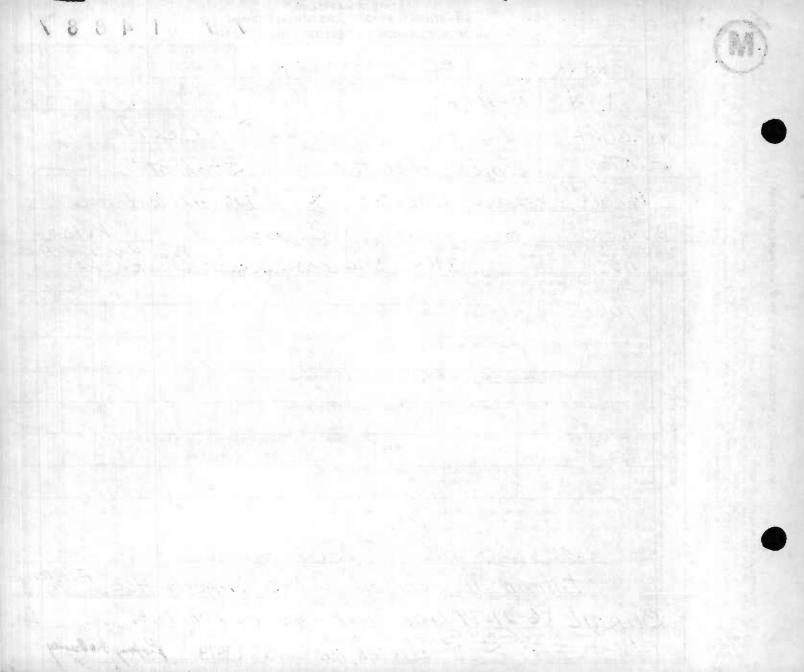
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13			REGISTRAR EASED NAME FIRST DR PRINT)	MIDDLE		AST OF DEATH	REG. N	O.	AY YEAR	2b HOUR
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y		3. SEX	Male	White	July	5, DAY 887 YEAR	6 AGE (INYEARS LAST BIR		ONTHS DAYS	HOURS A
# 72 has	8		ATHPLACE (STATE OR FOREIGN)	The CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIX DIVORCED	P BALTIMORE CITY C	or COUNTY	OF DEATH	
	0	0 CI	Lkton	11. NAME OF HOSPITAL, NURSING SIFE STREET 216 Cast Pain.	TADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY Self-	emplo
S must be	5	اکم . 13a	RESIDENCE (IF NURSING HOME ORE TATE 13b COUN'	• /	RE ADMISSION) VN	134 INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 216 East 1	Main Sa	t.	1.,
exomine	70		William S. Eve	ADDLE LAST		15. MOTHER'S MAIDEN NAME FIRST PENNIE	WIDDLE	-17	razer	
e medical		No.		wed Forces? 166 Social Section (166 Social Sec	3420	Standley Eva	ns, In. 216			Elkto MATE INTERVA
ar ta burial, crematio y injury, ar ather trau 		TION		DUE TO, OR AS A CONSEOU (c) ONDITIONS CONTRIBUTING TO	DEATH BUT					
iene pri	2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	TOPERATIO	N WAS PERFORMED	200. AUTOPSY?	IN CERTIFY	WERE FINDIN	OF DEATH?
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kedor			22a. I certify that (1) (this haspit-	al) ottended the deceased from.	70.	Nev , 19 78	, to			that (1) (we
× 5			saw the deceased alive an abave, (1) (we) (did) (did not	19 2 It view the body after death.		nd that in (my) (aur) opinian (death occurred an the d	ate and naur		
T: If them 21 is marked or			saw the deceased alive an abave. (1) (we) (did) (did not 22b. SIGNATORE	Spleasur		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE :	SIGNED
lept, of Health and M Item 21 is marked or	1		saw the deceased alive an abave. (1) (we) (did) (did not 22b. SIGNATORE	Spleasur		DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF	22c. DATE S	SIGNED

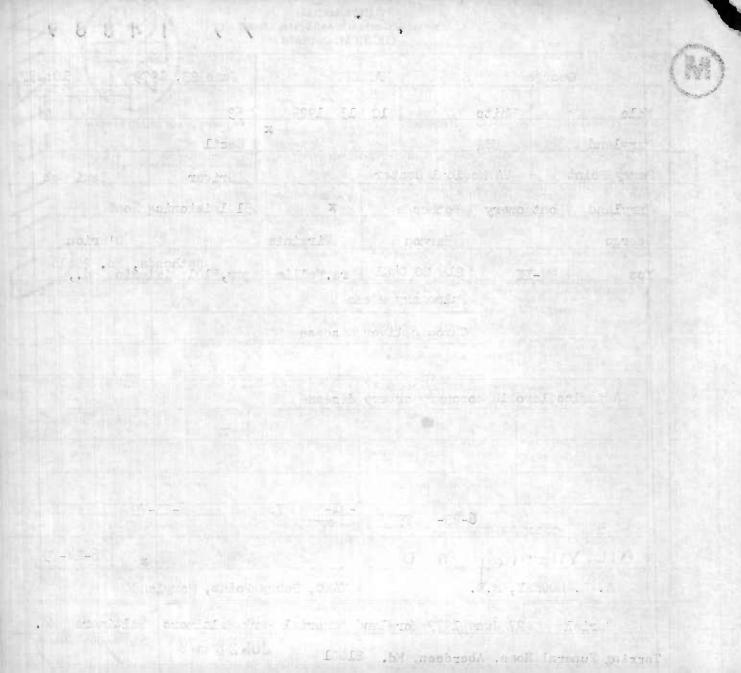
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21	STATE OF MARYLAND ORItems 21a. through 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
	STATE FIRST 1m#G533 7-16-79MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 8 7
	EASED NAME FIRST MIDDLE GUSLER 20. DATE KNOWN P MONTH OF ESTI- DEATH MATED C. 2	3 19 75 P N
3. S	4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD C-9	DAY YEAR 24. HOUR 6121
3 70.	THE COUNTRY? IRGINIA 76. CITIZEN OF WHAT COUNTRY? IRGINIA WIDOWED DIVORCED 78. ALTIMORE CITY OF COUNTRY O	OF DEATH ME
10.	EIKton (IF NOT IN SUCH FACILITY, GIVE STREET STORESS) I tal STUDENT	OR INDUSTRY
USU 130.	ATE PENDE. LEGISLATE CHESTER 13d. INSIDE (ITY LIMITS? 13d. STREET ADDRESS 12d. CHESTER YES NO 1 726 Highland H	ne.
-7	THER'S NAME FIRST ON B GUSLER 15. MOTHER'S MAIDEN NAME CONNIE A A	Mast/er
3 160.	AS DECEASED EVER IN U.S. ARMED FORCES? S. NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 211-52-5120 Connie Guster Chester	and Ave
	CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (b).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MIN ()
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
TIFICATI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO P
MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 5 P.M. 6 23 19 79 Fatigue while swimming	
5	216. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) AT WORK AT WORK 1216. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET CITY OR TOWN COUNTY AT WORK COUNTY FARM, ETC.) North East River North East River Cecil.	state Md.
77	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE M.D.	6-23-79
	EXAMINER'S NAME TILLMAN D. Johnson ADDRESS 123 Singerly Auc,	Elkton,
	RIAL CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN COUNTY COUN	el. STATE PA
7 (5))	NÉRAL DIRECTOR SOCIETO FUNCEAL HOME 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNAME 111N / 7 1970	Sherry





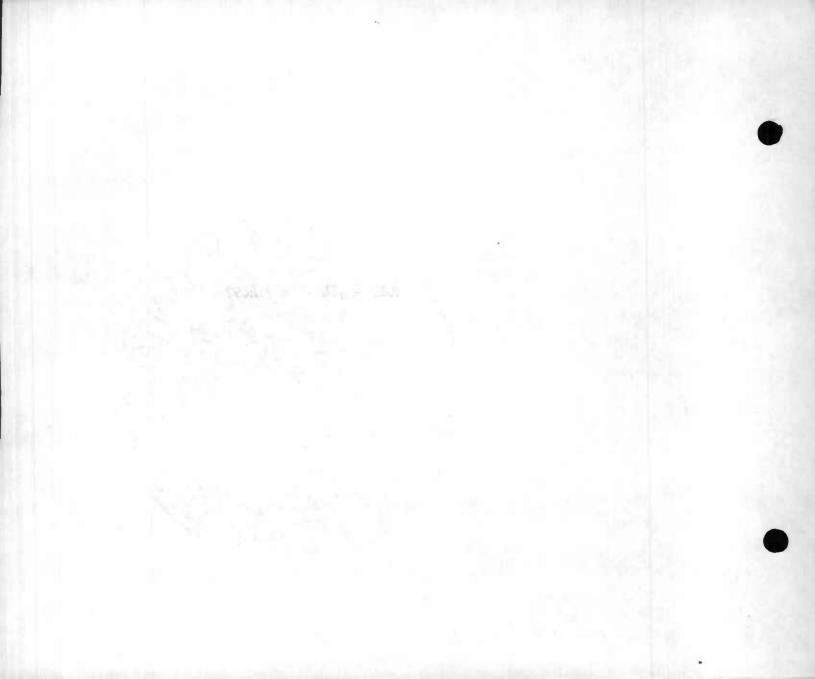
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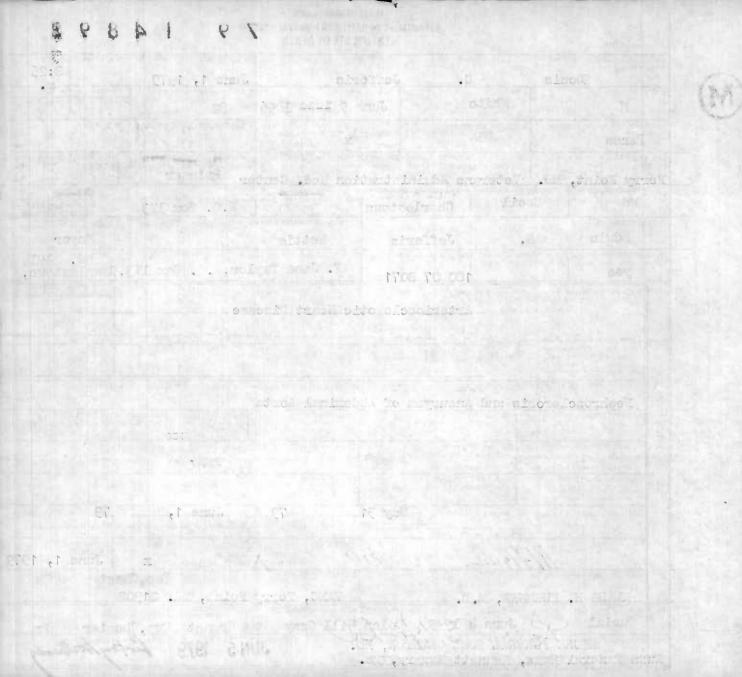
STATE OF MARYLAND

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STATE OF MARYLAND



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FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO CITY OR TOWN OF DEATH Perry Point USUA RESIDENCE IN NUMBER CHOCKED FOR PROSPECT BITS OF THE PROSPECT BY SOUTH THE PROSPECT BY S	70 BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF					
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SCAUSE OF DEATH Enter only one couse per line for 10; (b); and (c); Shock Milwelenable axion Shock Milwelenable Shock Milwelenable axion Shock		THER'S NAME		FIRST	MIDDLE	Unkn	LAST OWN			
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220. I certify that X (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 10 , 19 75 , to June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXXX (this haspital) attended the deceased from June 21 , 19 79 , XXX (this haspital) attended the deceased from June 21 , 19 79 , XXX (this haspital) attended the deceased from June 21 , 19 79 , XXX (this haspital) attended the deceased from June 21 , 19 79 , XXX (this haspital) attended the deceased from June 21 , 19 79 , XXX (this haspital) attended the deceased from June 21 , 19 79 , XXX (this haspital) attended the deceased from June 21 , 19 79 , XXX (this haspital) at		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION			2) STATE			
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR	2		(AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	CITTORIOW	COUNT	SIAIC			
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6-25-7 22d. PHYSICIAN S NAME TYPE OR PRINT 22e. ADDRESS VA Medical Center, Perry Point, Md. 23e. BURIAL, CREMATION, REMOVAL ADDRESS CULDEPPER National Cem. Culpepper				, , , ,	, 10	19_79				
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6-25-7 22d. PHYSICIAN S NAME (TYPE OR PRINT) 22e. ADDRESS VA Medical Center, Perry Point, Md. 230. BURIAL, CREMATION, REMOVAL DATE 23c. NAME OF CEMETERY OR CREMATORY CULPEPPER National Cem. Culpepper County Co		obove, the well did not no	it view the body after leath	occordend that in (my) (our) opin	ion death accurred an the da					
220. ADDRESS JULIAN OCEJO, M.D. VA Medical Center, Perry Point, Md. 230. BURIAL, CREMATION, REMOVAL THE DATE 231. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN CULPEPPER National Cem. Culpepper		27h SIGNO RE CULLAR	Reel, WI].	ATTENDING		F _ 4				
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Byrial June 28, 1979 Vulpepper National Cem Culpepper Make		JULIAN OCESO	, riebe			1) LOZINE,	*****			
	23n R	SURIAL CREMATION REMOVAL	73h DATE 23	NAME OF CEMETERY OR CREMATO	RY 1/30 LOCATION					
1230. DATE REC U. DT REGISTRARIZOB REGORIKAR S SIGNATURE	230. B	Burial, Cremation, Removal	0 0 0	1 11 11 1	CITY OR TOWN		XXX V			

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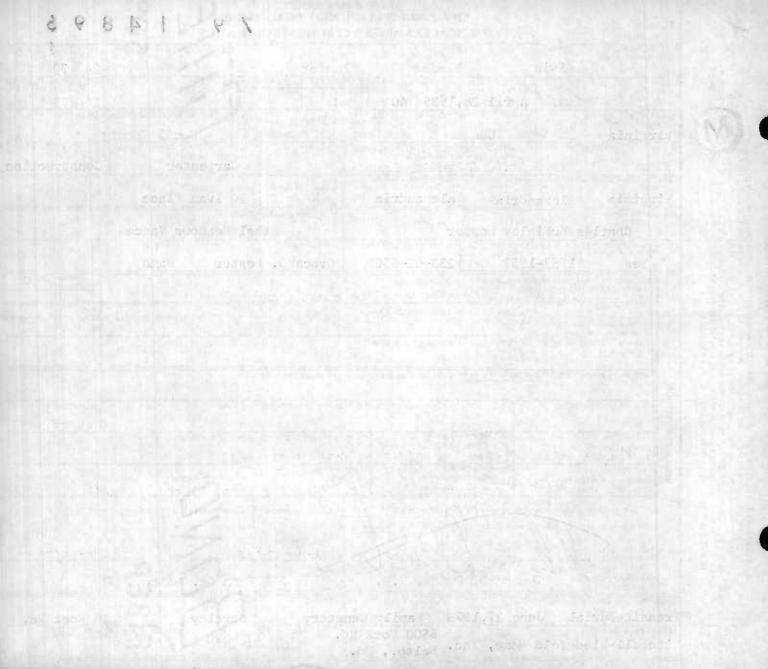
TO HOSPITAL

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(NA)	3. SEX		4 RACE		S DATE OF			AGE (IN YEARS LAST BIRT		F UNDER 1 YEAR	IF UNDER 24 HRS
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一	Ja. BI	RTHPLACE STATE OF FOREIGN		F WHAT COUNTRY?	*Separ	ATCO NEVER MARRI		BALTIMORE CITY O	R COUNTY	OF DEATH	
	CC	Marvland	TISA		WIDOWED			Cecil			MD.
offer of offer of with	10 CI	TY OR TOWN OF DEATH		F HOSPITAL, NURSIN	IG HOME OF		ION	12a. USUAL OCCUPATI			OF BUSINESS OR
Po P	Pe	erry Point	VA Med	ical Cent	er. Pe	rry Point	. Md		· WORKING LILLY	Yacht	Co
D 212	USU/ 13a. S	AL RESIDENCE (IF NURSING HOTATE	OME OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIA		(3e. STREET ADDRESS			
MARYLAND ed within 24 mpletely filler ond 2 should examinet mus		Co. I american co.	ity	Baltimor		YES 🔼 NO		800 South	Broadw	av	
ARYL withi	14 FA	THER'S NAME FIRST	MIDDLE	LAST	W	15. MOTHER'S MATE	DEN NAM	MIDDLE	5 2	LAS	ST
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, BA		18 CAUSE OF DEATH (En		er line for (a), (b), an	d (c)	- 4 3				BETWEEN	ONSET AND DEATH
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es that the death cert med by the ottending I please remove carbon uriol, cremotian, or ret v, or ather troumatic ev,		Conditions, if any, whi		Broncho		nie					
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s, 20 ires t ires t n plee burio ry, or		PART 2. OTHER SIGNIFIC	ANT CONDITIONS			OT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	0)
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ALR Cson.	RTIF				4515			YES NO	YES		NO 🗌
AN: Obyse ob		21a. ACCIDENT WAS UNDERLYING CAUSE		OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18, PAI	IT 1 OR PART 2}	
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PHY tendin the bund M	MED	WHILE TO NOT WHILE T		E OF INJURY STREET, FACTORY, OFFICE, I	ARM, ETC.)	211 LOCATION STREET		CITY OF TOV	VN	COUNTY	STATE
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OR: OR: THeory		220.1 certify that & (this								-	
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O HOSPIT etoined by TO FUNER should be with the Sti		Prem Lal			1999	VAMC,	Perr	y Point, Ma	ryland		
5 € 5 € ¥ ₹	23a. B	URIAL, CREMATION, REM	OVAL 236. DATE	23 _€ . (NAME OF CE	METERY OR CREMA	ATORY	23d. LOCATION		OUNTY	STATE
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DHMH - 16 50M 7/77	24. FU	INERAL DIRECTOR		ADDRESS	To the	21001	25a. DATE	REC'D. BY REGISTRAP	25b. REGI	北京外山外	M. Cready
(VR A (5 (4))	Tar	ring Fundral	Homes ,	333 S. Pa	rke St	Aberde	en.	Ad.		/	1

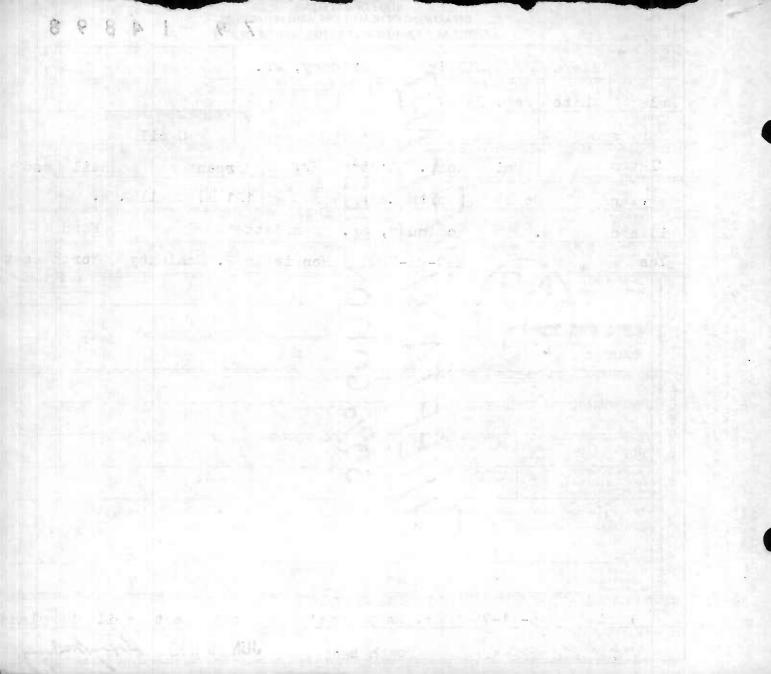
2 8 8 1 1 9 7 1 4 8 9 5 effection of the Manual Contest, Perry Point, and Aberer and the second s Market St. 25 and 90 fe mooted Tig .dne2 June 28 TLST VAVO, Perry Foils, Maryland Commence of the contract of th terring Tunevel Lords . 355 2. Pertu Dv., Abor Sar, Ma.



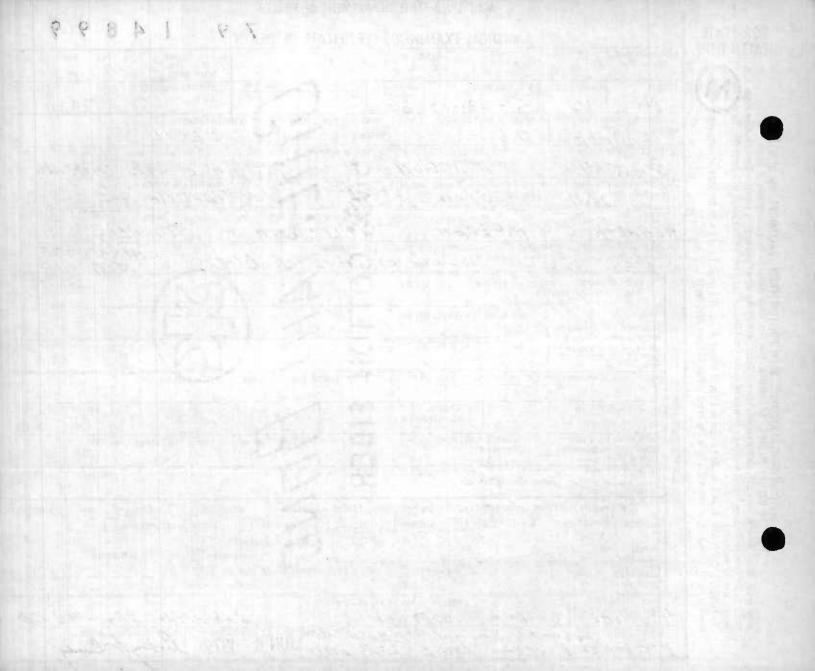
/ /	1			STATE OF MARYLAND			
5	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	1 7	1 4 8 9	7
		CEASED NAME FIRST	MIDDLE	LAST		O. MONTH OAY YEAR 1-24	26 HOUR
(4)	3 SE	THEMPSO	14 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	,	1050
(MI)		M	W	MONTH DAY YEAR YEAR	59	MONTHS DAYS	
nerol n 72 t		IRTHPLACE STATE OR FOREIGN OUNTRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	COUNTY OF DEATH	M
ofter d y the fu	10 0	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON 126 KIND	OF BUSINESS OF
hours hours to be ful	USU 13g	AL RESIDENCE (IF NURSING HOME O		TI3d. INSIDE CITY LIMITS?	13e STREEL ADDRESS	1. 0110	
filled hould b	5	ND CE	CIL CHESAT	EAKE YES NOW	BON	56	
d within pletely and 2 sh	14 F.	ATHER'S NAME	MIDDLE	15 MOTHER'S MAIDEN N	MIDDLE	NA TH	S-2
E o	160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	CORN 1/1	ADDRE	SCHESAY	EARE
be exection and consistence of the consistence of t	/ 3	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 2/9-01-	7551 PATRICIA	9 T. LYOI	4 <1.13	MD
e b croo	1	18 CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b), c	and Ic		APPRO BETWEEN	XIMATE INTERVAL
			TE CAUSE 101 CA COT	EKIA			
e death ce tottending nave corb ofton, ar	10	1619	DUE TO, OR AS A CONSEO	UENCE OF	EBUILD	- 83	
the der		Canditions, if any, which gave rise to immediate couse (a), stating the	(b) CARCIN		of JETNIK		
by by oth		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	UENCE OF			
gned gned burn	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
een si in: The ior to	CERTIFICATION	190 DATE OF OPERATION	LIBA CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	NCCHCED
e law in. has be permi	J IFIC	THE DATE OF OPERATION	170 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	YES NON	IN CERTIFYING CAUSE	S OF DEATH?
JAN: The physicion inficate in 18 should be proposed in 18 should be pr	GR I	710. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI		МО
SICIAN: TI ng physici certificate orial-transi temtal Hygi	CAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER		DAY YEAR			
PHYS tendin the bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	(2) LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
NO To		AT WORK		(0-1) 30 3	0 6-5	1 30	
EN POR		sow the deceased alive ar	nital) attended the deceased from	79, and that in (my) (our) apinio	in death occurred on the de	ote and hour and from th	, that (1) (we) las e causes stated
		abave, (I) (we) (did) (did no 22b. SIGNATURE	at) view the body after death.	DEGREE			E SIGNED
0 9 0 0 7		Anluns	C. Cunn	ATTENDING PHYSICIAN	MEDICAL STAL		21-79
		224 PHYSICIAN'S NAME (TYPE	10	22e ADDRESS			
TO HOSPITAL retoined by to TO FUNERAL should be det with the State		KOLANDE A	HAJERH.	105 E.	MAPIH &	CLAIDH	MA
	23a	BURIAL, CREMATION, REMOVAL	1 236 DATE 230	RATIFI & FENTIS	23d. LOCATION CITY OF TOWN	A LECTION TY	STATE
BP	24. F	WHE ASTRECTOR ST	10,00	HESADEAKE 1250. D.		25b. REDISTRAR'S SICA	WA.
DHMH - 16 60M 1/75 (VR A 15 (4))	1	SAME FORED	FLYERAL MODRESS	NO SITTEMO	JUN 2 5 19/9	morphy	- Crossy

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		500					MARYLAND					
	1	FOR STATE				XAMINER'S				4 8	9 8	
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		YPE OR PRINT	Villard	1.14	llia	m May	inney,	Tm	OF ESTI- DEATH MATED	MONTH	DAY YEAR	26. HOUR
	3. S		A RACE					Jr.		L 6 -	7 1979	AM
		ale	White	5. DATE OF BIRTH	YEAR	S. AGE (IN YEARS IF U LAST BIRTHDAY) MON 52 YRS.			PRONOUNCED DEAD	MONTH	7 - 19 75	2d. HOUR
	7 g.	BIRTHPLACE (STATE OR	76. CITIZEN OF WH			RIED NEVER /	MARRIED X	9. BALTIMORE CIT	Y OR COUNT		17 M
1	2	Maryla	nd	USA		WIDO		VORCED .	Cec	il		MD.
	10.	CITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURS	SING HOME, OR OTH	HER INSTITUTION	12a. USU	AL OCCUPATION (TYPE OF WORK	12b. KIND OF BUS OR INDUSTR	SINESS
-		Elkton				• Elkto	n, MD.	Car	openter		Rail Ro	pad
	13a.	STATE	13b. COUN	OR OTHER INSTITUTION, GIV TY Cecil	13c CITY C	or town	13d. INSIDE CITY LIN	AITS? 134 SIRE	E. Cec	il Av	e.	
70		father's NAM		WIDDLE	McKi	nney, Sr	15. MOTHER'S / Henr	MAIDEN NAME cietta	WIDDLE	h 3	Ford	
1	160	WAS DECEASE	DEVER IN U.S. ARA	MED FORCES?	16b. SOC1.	AL SECURITY NO.	17. INFORMAN		ADDRE			
-		YES, NO. OR UNKN	WW	WAR OR DATES)	220-	22-7201	Henri	ietta I	F. McKin	ney	North	East
		18. CAUSE C	OF DEATH (Enter an	ly ane cause per line	far (a), (b),	and (c).)					APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		PARITO	EATH WAS CAUSED IMMEDIAT	TE CAUSE (a)	rtari	eselevati	c lfe	ert D	156256		Year	-5"
		14-14	0	DUE TO, OR	AS A CONS	EQUENCE OF						
			ins, if any, which ise to immediate	(b)	503							
		cause (a lying ca) stating the <u>under</u> -	DUE TO, OR	AS A CONS	EQUENCE OF						
			P4.	(c)	0.00			Bu Island			1000	
	NO		IGNIFICANT CONDITIONS (CONTRIBUTING TO OFATH B	UT NOT RELATE	D TO THE TERMINAL DISEA	SE DR CONDITION GIVE	N IN PART 1 (a).				
-	ATI	19e. DATE O	FOPERATION	19b. CONDIT	ION FOR W	HICH OPERATION V	VAS PERFORMED	?			20. AUTOPSY?	
34	MEDICAL CERTIFICATION									4 1	YES 🗆	NO D
7	CER	21a. EXTERN	AL CAUSE WAS	216. TIME OF		DAY YEAR 21c. H	OW INJURY OCC	URRED (ENTER N	IATURE OF INJURY IN ITEM	18 PART 1 OR PART		
7	CAL	UNDERLY INC	ING CAUSE OF D		, MONTH L	19						
	ED	21d. INJURY	OCCURRED	21e. PLACE C	F INJURY DRY, FARM, ETC		CATION		CITY OR TOWN		N. IYW	STATE
	2	AT WORK	NOT WHILE C	J. J. ACI	, LORM, ETC	4	provide (CITORIOWN	COUN	NII	STATE
				e af the remains desc	ribed abave	e, held an Autar	osy , Insc	pectian 4	Inquiry 2	and in my api	inian	
		death result		al causes	Accident [J. Suicide	Hamicide		ermined manner].		
					0		TITLE (SPECII			-		
1		ACTUAL SIGNATURE	1200	nea &	1	end A	De De	1 1	CAL EXAMINER	DATE	6-7-7	3
1	-			1				7	CALEXAMINER	3101460		
ø		EXAMINER'S (TYPE OR PRI	NAME NT)				ADDRESS					
	23a.	(SPECIFY)	TION, REMOVAL 1	3b. DATE		ME OF CEMETERY C		23d. LO	CATION	COUNT	TY STA	TE.
		Bu	rial	6-11-79	St	. Mary		No	rth East	t Ceci	ll Mar	yland
	24.	FUNERAL DIRE	71/	- Scans					REGISTRAR 256. RE	GISTRAR'S SI	GNATURE	
	1	Reux	una	ally		North I	ast	JUN	19 1979	perf	my/xely	early
	-			10.								

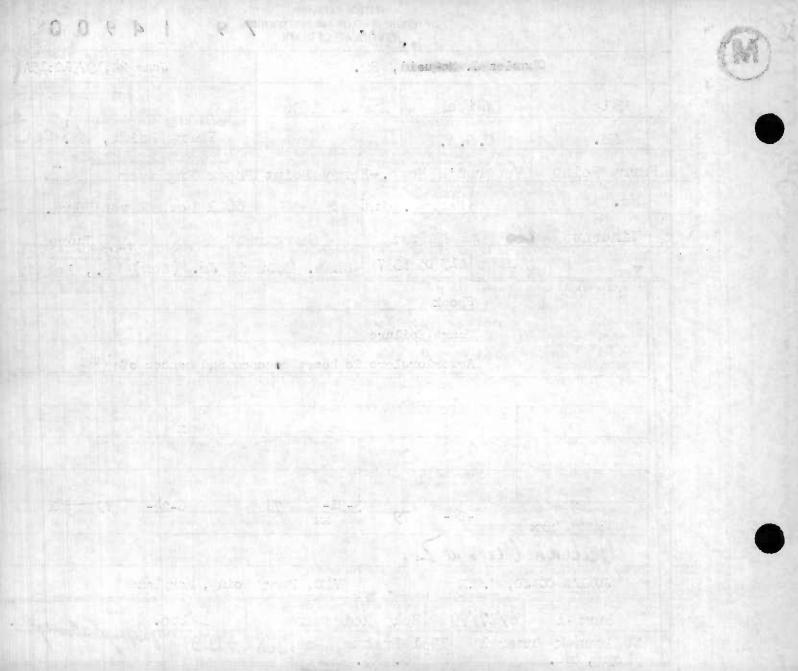


,		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9 1 4 8	9 9
HEALTH DEPT.	1, 0		Toy Yeor 2b. HOUR
7 6		(Type or Print) OF ESTI-	
()	3. S		- 19 % C. F. M. 2d. HOUR
Give Pages 3. Poggo m		M W 5-23-13 66 yrs MONTHS DAYS HOURS MIN Month Doy	Yeor 1975 1030 AM
Ser Feb		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
haurs tem 18. Giv orm PM3. P		CHARDA U.S.F. WIDOWED DIVOKED CECTA	Md
4.21201 24 hours in Item 18. th form PM	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work dane 12)	2b. KIND OF BUSINESS OR
Md. 21 in 24 h iil in Iti with fo		ELATON give street oddres 410/1 August a most at working life, even it retired.	PPING
MA Sin Sta	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13s, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
IORE, M ed within in pencil alang wi ith the St		odmission) STATE ND 13b. COUNTY CECIL CHESTATE YES NO BOHEMIA AC	E
MOR vith ce alo	14. [FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
TIM Becut ffice	K	ENNETH G. MCLEAH ELIZABETH A. STAILE	4
BALTIMORE, Me be executed within pending" in pending with a result of fice along with the Street of		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	APERKE
S P P	(1	Yes, no, ar unknown) (If yes give war or dates of service) 102 207 4603 PAUL ROBDERS	72 m1D
MEDICAL EXAMINER: This certificate should be executed within 24 hours please execute the certificate, writing the ward "pending" in pencil in Item 18. Give should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pould be used as a burial-transit permit. File pages 1 and 2 with the State Department of any event within 72 hours after death.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL
N STI nte sh the w cal Ex		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
ON Cotto g th gith dica		14/40 IMMEDIATE CAUSE (0) ATTACKED OF DESCRIPTION OF AS A CONSEQUENCE OF	16345
Ke iting		Conditions, if any, which gove	
PR s ce y will hief		rise to immediate couse (a). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
Thi Cate cate ie C		lost.	
ER:		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
FVITAL RECORDS, 301 W. PRESTO MEDICAL EXAMINER: This certificate please execute the certificate, writing should be forwarded to the Chief Mediauld be used as o burial-tronsit permit.		THE SOUTH CAN CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
DIVISION OF VITAL RECORDS TO DEPUTY MEDICAL EXAMIS s necessary, please execute the star. Page 4 should be forwarded : Page 3 shauld be used as o buy	NOI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
L EX L EX cute forwer d as	CERTIFICATION	WAS PERFORMED?	
EDICAL SEDICAL SES EXECUTE S	CERTI	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
EDI uld uld in		PRIMARY [OR CONTRIBUTING] [HOUR A.M.	10.)
NOFV JTY ME ITY, plea stauld shauld val, ond	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	fount 51.1
TO DEPUTY MEDICAL TO DEPUTY ME		21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, at work NOT WHILE AT WORK AT W	County State
DIVISION (TO DEPUTY delay is necessary al director. Page 4 r files. ECTOR: Page 3 sh mation, or removal			
DIVISI TO DEF S neces star. Pa : Page 3		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry,	. , ,
y is is is on,		death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🖸	
a fill dele		CHIEF MEDICAL EXAMINER	
any delay is uneral direct your files. DIRECTOR:		SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	NED
F fe fe		EXAMINER'S DEPUTY MEDICAL EXAMINER	1-79
er death. If any de la to the funeral frame fram		NAME (Type) // MAN Johnson ADDRESS(Street, city, town, or county) Einton	14-1
de de la	230.	PURACIVAL ISOLATION	ounty) (Stote)
or o		BORIAL 6-4-19, BETHEL CHESAPEAKE CRY	CELL MD
VR A35ME (5)	24.	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250 DEGISTRAR'S SIG	NATURE
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1			STATE OF MARYLAND		
	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL P CERTIFICATE OF DEATH	REG. NO	14902
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	
1	Larry	P.	O'PATTERSON	June 12,	1979 7:0
3. SE	mali	1 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UND MONTHS DAYS HOURS
	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH
10. C	erry Point, MD	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Veterans Medica	NG HOME OR OTHER INSTITUTION TADDRESS) L Center	170 USUAL OCCUPATION OF OF WORK FOR MOST OF	WORKING-LIFE) INDUSTRY
USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE)	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TY 130 CITY OR TO	RE ADMISSION) NO 13d. INSIDE CITY LIMITS YES NO		redame)
14 F/	ATHER'S NAME CHILL	AIDDLE LAST	15 MOTHER'S MAIDEN	NAME MIDTH	LAST
	VAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	war or o'x1557 217 32	URITY NO. 17 INFORMANT	Re can de	ss 2
1	18 CAUSE OF DEATH (Enter on	y one couse per line for (0), (b), o	nd (c)	vec corre	APPROXIMATE IN BETWEEN ONSET A
eveni, in	PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (0) Cerebral	Arteriosclerosis	with Rt. Hemi	
OTIC .	4370	DUE TO, OR AS A CONSEOU	JENCE OF		
0	Conditions, if ony, which gove rise to immediate	(b)			
o page of the contract of the	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEOL	JENCE OF		
NO NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
0	U	Bronchial Pneu			
CERTIFICATION	19a DATE OF OPERATION	. 19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a. AUTOPSY? YES □ NO 🛣	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA. (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH [URRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY
¥ .		all attended the decorred from	February 22 10 7	4 to June 12	19 79 , 163020
S HOUSE	22a.1 certify that OK (this hospit				, , , , , , , , , , , , , , , , , , , ,
MOUNT 1 1 2 HOUR	saw the decreased slive on above, (if (we) talah talah not		and that in (my) (our) opini		ate and hour and fram the causes
Hem 2 - 1 - 2			DEGREE	on deoth occurred on the do	ate and hour and fram the causes
	Signature	view the body offer death.	DEGREE ATTENDING PHYSICIAN	on death occurred on the do	ate and hour and fram the causes 22c. DATE SIGNE
Hem 2 - 1 - 2	saw the decreased slive on above, (if (we) talah talah not	view the body offer death.	DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	on death occurred on the do	ate and hour and fram the causes 22c. DATE SIGNE
MPOKIANI: IF ITEM 21 IS	276. SIGNATURE	wew the body offer death.	DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	on death occurred on the do	te and hour and fram the causes 22c DATE SIGNE FIAN EXC 6-12-7
	276. SIGNATURE 276. PHYS R. H. Twinin	wew the body offer death.	DEGREE ATTENDING PHYSICIAN 276. ADDRESS VA Medic MANUS OF CEMETERY	MEDICAL STAFE DIRECTOR PHYSIC AL Center Pe TO 123d TOCATION CHY OF JUNE	rry Point, Md.

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: -7-i2 : Police 114			

FOR - STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

REGISTRAR

COUNTY STATE a. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22t. DATE SIGNED STATE COUNTY 25a DATE REC 24 FUNERAL DIA Home, P ee runeral

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

CERTIFICATE OF DEATH

REG. NO

IF UNDER LYEAR

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YES [

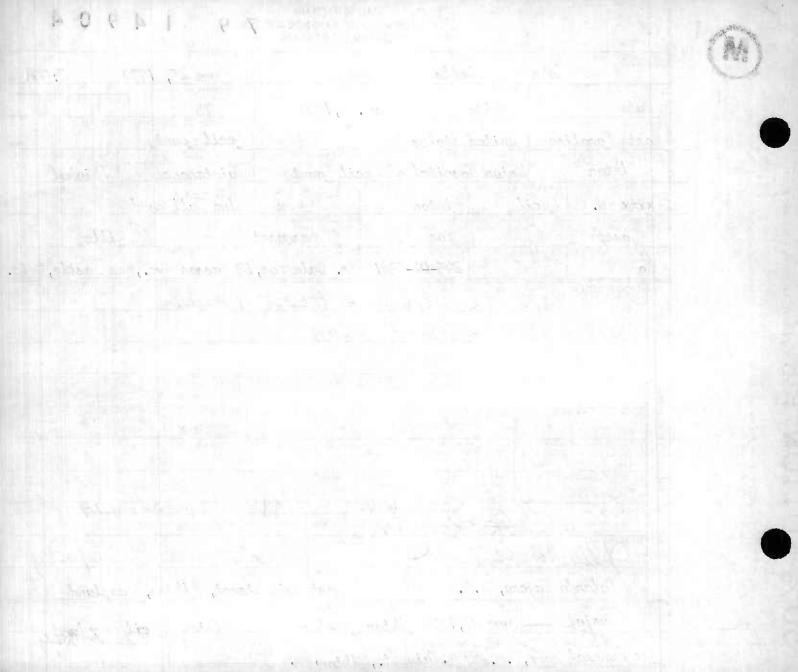
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HOURS.

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ONTHS OAYS



Lee A. Patterson & Son, Perryville, Md.

FOR

- STATE

DHMH-16 20M

(VRA 15. 4) 7/7B

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

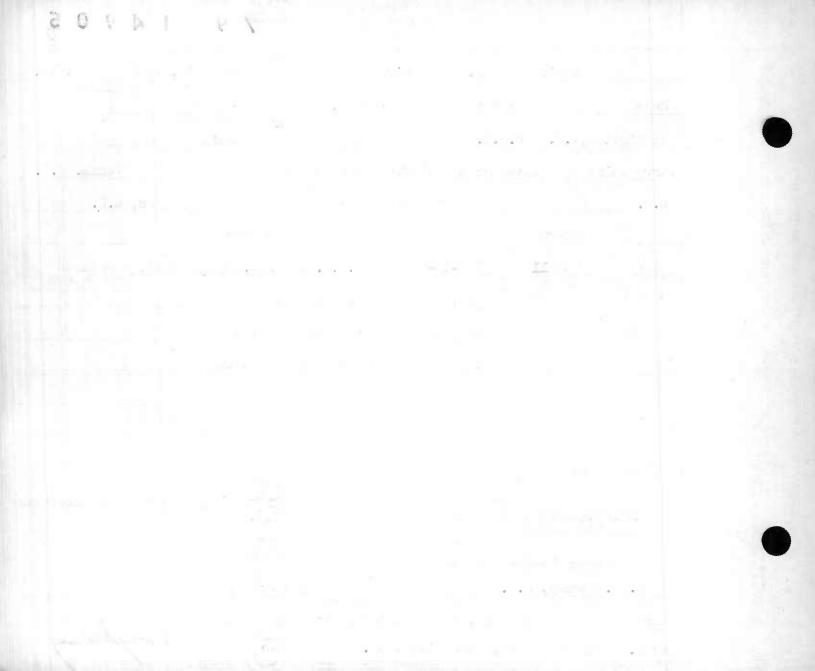
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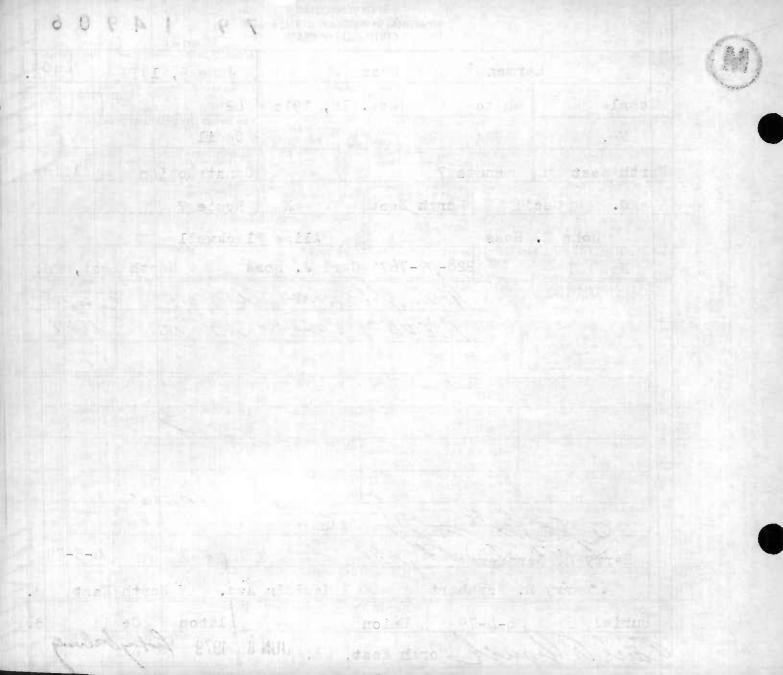
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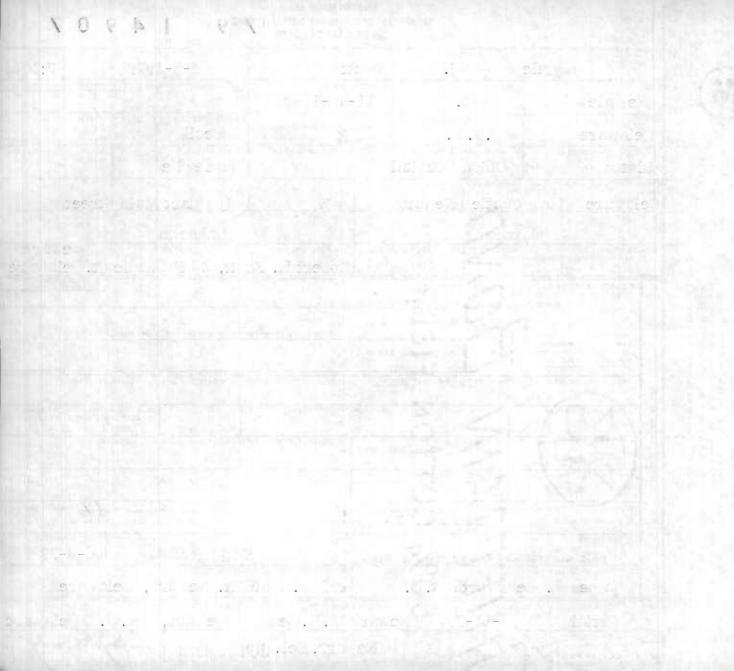
IF UNDER 24 HRS

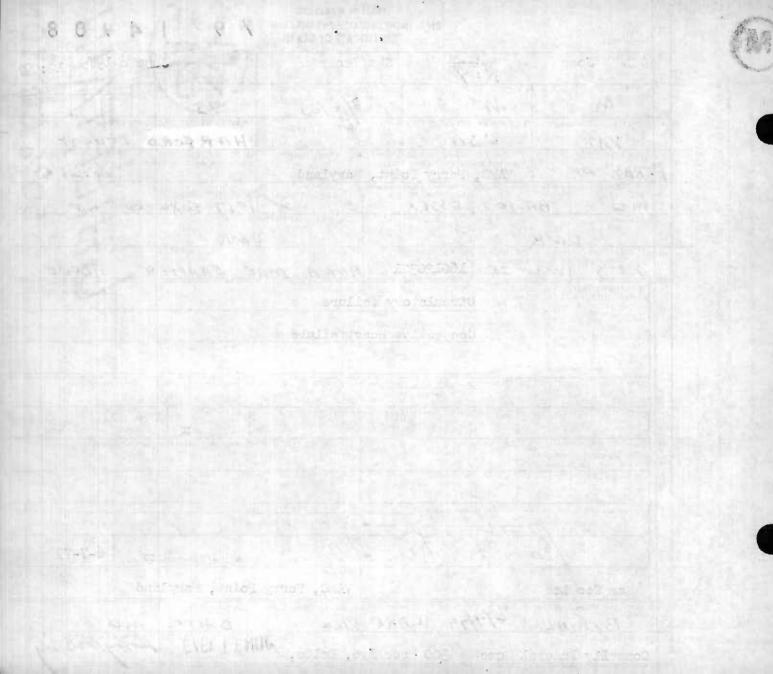
STATE

HOURS









FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH 26 HOUR I. DECEASED NAME (TYPE OR PRINT) HEARY SEX AGE UN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 MRS MONTH YEAR White 10 03 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Minnesota USA DIVORCED [11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION IO CITY OR TOWN OF DEATH 126 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Hospital Contractor-Builder, Real Estate BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13e STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 200 Landing Lane Maryland Cecil Elkton YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Henry Shank Unknown ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-20-5442 Mr. Robert J. Shank, Bear, Delaware No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY WOBSTUE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (o. myo cano car INFARCIZOR Conditions, if ony, which gove rise to immediate couse to, stoting NOSCLENORC HEART ACS underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO [Shor 216. TIME OF INJURY 2 10 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 20 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 220.1 certify that (1) (this hespital) attended the deceased from saw the deceased alive an , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED # ATTENDING MEDICAL STAFF 6/12/79 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould b 105 E. Main Street, Elkton, Md. Rolando A. Najera, M.D. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY BP. Burial 6/14/79 West Nottingham Presbyterian. W. Nottingham, Md. 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) HICKS HOME for FUNERALS, ELKTON, MD.

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Abingdon, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7h HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

STATE

IF UNDER 24 HRS

1979

IF UNDER I YEAR

INDUSTRY

COUNTY

25a. DATE REC'D. BY REGISTRAR 25b. RECIDIAN 500 MAIN 500 MAIN 100 TO TO

22c. DATE SIGNED

6-8-79

Coal

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Howard K McComas III

DHMH - 16 50M 7/77 (VR A 15 (4))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE			DEPARTMENT OF	HEALTH	AND MENTAL	HYGIENE	0	4 0 1	1000
11	REGISTRAR		M	EDICAL EXAMII	NER'S	CERTIFICATE C	OF BEATH	REG. NO	4 7	
	CEASED NA	AME FIRST		MIDDLE		LAST	2a. DATE	KNOWN [MONTH DAY Y	EAR 2b, HC
(117)	CORPRINT	Edward	He	arrison	W	illiams,		MATED	/ 0.0	7; 12;
3. SE	(4 RACE	S DATE OF BIRTI			DER 1 YR. IF UNDER	24 HRS. 2c. DATE			FEAR 2d H
M:	ale	White		0 15 6	YRS.	HS DAYS HOURS	MIN. PRONOUT		6-25 19	19 13
	RTHPLACE		76. CITIZEN OF	WHAT COUNTRY?	8. MARR	ED NEVER MARR	9. BALTIM		R COUNTY OF DEAT	
M.	aryle	ind	USA		WIDOV			Ce	cil	
10 C	ITY OR TOW	N OF DEATH	11. NAME OF HO	OSPITAL, NURSING HOA	AE, OR OTH	ER INSTITUTION	12a. USUAL OCCU	PATION (TYPE	E OF WORK 12b. KIND C	
	Elkt			Hosp. El			ins. A	gent	ON III I	OOTKI
USU/	TATE _	CE (IF IN NURSING HOME OF	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMIS	SION)	13d. INSIDE CITY LIMITS?	13e STREET ADDR	22		
M.	aryle	and 136. COUNT	ecil	13c CITY OF TOWN	n	YES NO	25	O Nel	lies Cop	ner l
	ATHER'S NA	ME	MIDDLE	TZAL = AAST		15. MOTHER'S MAID	ENNAME	UDDLE	/ LAST	
	ames		В.	Williams	3	Rose		I.	Will	iams
16a. V	VAS DECEA	SED EVER IN U.S. ARM	NED FORCES?	16b. SOCIAL SECUR		17. INFORMANT		ADDRESS		MD
	No			216-06-3	1900	Dorothy	T. Will	lams	Elkton,	MD.
	18. CAUS	E OF DEATH (Enter anl	ane cause per li	ne far (a), (b), and (c).)					APPROX	IMATE INTERV
	PARII	DEATH WAS CAUSED	E CAUSE (a)	rteriosci	leroti	C HEZAT	1)15225	3	1.0	275
	4/	401	DUE TO, C	R AS A CONSEQUENCE	OF					
z		R SIGNIFICANT CONDITIONS C	(c)ONTRIBUTING TO OEAT	TH BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PA	iRT 1 (a).			
- 1	19a. DATE	OF OPERATION	TI96. COND	DITION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTO	DCV2
7 5	Y								YES	
ER	21a. EXTER	NAL CAUSE WAS	21b. TIME (OF INJURY	21c. He	OW INJURY OCCURRE	D LENTER NATURE OF IN	JURY IN ITEM 18 /		□ NO
MEDICAL CERTIFICATION	UNDERLY	ING OR		.M. MONTH DAY YEA	AR					
EDIC	21d. INJUR	YOCCURRED	21e. PLACE	E OF INJURY (AT HOME,		CATION				10.0
2	WHILE AT WORK	NOT WHILE	SIRCEI, FA	ACTORY, PARM, ETC.)		SI KEE!	CITY OR TO	ΝN	COUNTY	ST
			at the semaine d	escribed abave, held an	Autap	sy . Inspectio				
			al causes ,		uicide	, Hamicide .	Undetermined me		d in my apinion	
	dedin res	1401016	The second of th) / a	ordide	TITLE (SPECIFY)	Underermined mo	miei,		
	ACTUAL SIGNATU	RE Lilly	200	Chr son	M	~ / /	MEDICAL EXAM	UNER	DATE SIGNED 6-2	23-75
				/					- 100	
	(TYPE OR I	RINT) Till	Lman D.	Johnson	MD	ADDRESS 123	Singerly	7 Ave	. Elktor	1, MI
23a. B	SPECIFY)	MATION, REMOVAL 23		23c. NAME OF CE			23d. LOCATION CITY OR TOWN		COUNTY	STATE
-		rial	6-27-7	9 Sharps	Cem		Fair H		Cecil Man	rylar
1/2	HERADOR	11/18	No Aced	3	7			R 25b. REGIS	STRAR'S SIGNATURE	co /7
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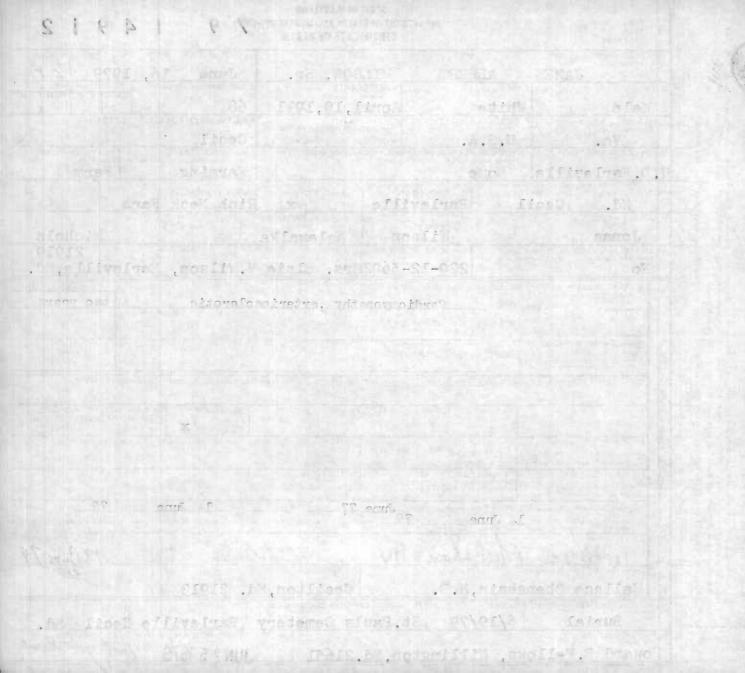
Howard E. Fellows, Millington, Md. 2165]

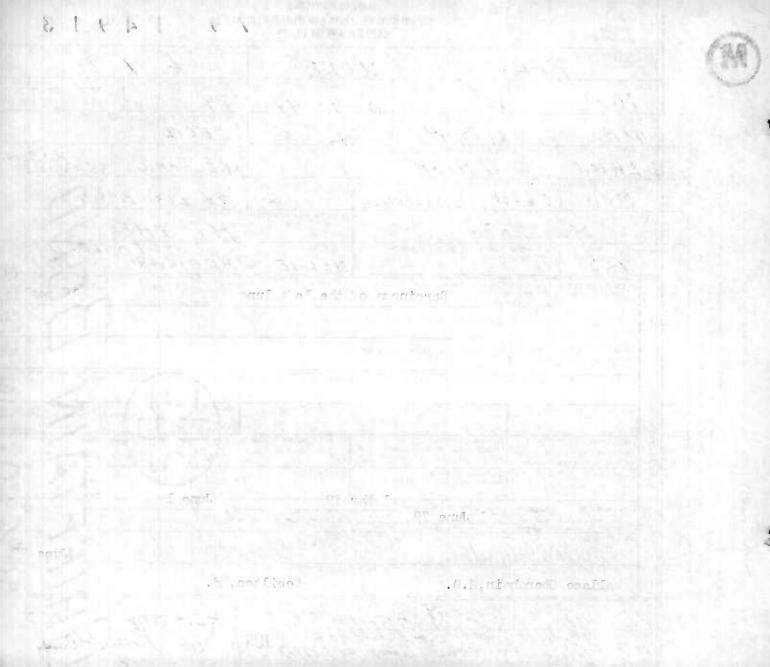
FOR

(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





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		CEASED NAME	FIRST	WIDOLE	ŁAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	(TYP	E OR PRINT)	ARDES	(NMI) Charle	ZOHAS	5	18	79 11:05 ^p
1	3 SE		4 RACE	5 DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIR		INDER : YEAR IF UNDER 24 HRS
		Male	White		1 1 93	86	YRS	THE DAYS HOURS MIN
800		IRTHPLACE ISTATE OR FO		F WHAT COUNTRY? 8		9 BALTIMORE CITY		DEATH
846	V	N/A Unk	nown II.	_	WED NEVER MARRIED WED DIVORCED	Cecil		M
0	10 (ITY OR TOWN OF DEA	ATH 11. NAME O	F HOSPITAL, NURSING HOM		120 USUAL OCCUPAT	ION	126 KIND OF BUSINESS OR
101		Elkton		on Hospital of	Cecil Co.	(TYPE OF WORK FOR MOST (OF WORKING LIFE)	INDUSTRY
1	USU			ON GIVE RESIDENCE BEFORE ADMISSIO	(N)	1		
25	120	Md.	Cecil	Elkton	136. INSIDE CITY LIMITS?	Laurelwoo		ng Home
2-	14. F	ATHER'S NAME			15 MOTHER'S MAIDEN NA		M MULBI.	ng nome
57		FIRST	known	LAST	FIRST	Unknown		LAST
		WAS DECEASED EVER	IN U.S. ARMED FORCES	? 166 SOCIAL SECURITY NO		ADDR	RESS	
1		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	217-54-6033	State Hospita	al Mental R	ecorde 8	Nursing Hom
DIAGEN		1889 Conditions, if one		OR AS A CONSEQUENCE OF		r with invo	sion	
y, or other troumatic event, th		Canditions, if ony, gave rise to improve to improve to improve to improve to improve the course the course to improve the course the	which (b) neediote go the last (c)	or as a consequence of Squamous Cel or of a skim ence of	l Ca of bladde			IN PART I (a)
	NOI	gave rise to immoduse (a), stating underlying cause PART 2 OTHER SIGN	which mediate light the last Conditions	or as a consequence of Squamous Cel or of a skim ence of	l Ca of bladde			IN PART Ital
	CATION	gave rise to immoduse (a), stating underlying cause PART 2 OTHER SIGN	which mediate g the last Conditions which mediate by the last Conditions ia Praecox	or as a consequence of Squamous Cel or of a skim ence of	l Ca of bladde		NDITION GIVEN	/ERE FINDINGS USED
	TIFICATION	gave rise to improve the cause tail, stating underlying cause PART 2 OTHER SIGN Dement:	which mediate g the last Conditions which mediate by the last Conditions ia Praecox	OR AS A CONSEQUENCE OF Squamous Cel OROFA SKIR DENCE OF CONTRIBUTING TO DEATH B	l Ca of bladde	MINAL DISEASE OR CON	NDITION GIVEN	/ERE FINDINGS USED IG CAUSES OF DEATH?
200	CAL CERTIFICATION	gave rise to immoduse to immodulying cause PART 2 OTHER SIGN Dementi 190 DATE OF OPERA	which mediate g the last Conditions is Pracox TION 19b CON DERLYING CAUSE OF DEATH HOUR	OR AS A CONSEQUENCE OF Squamous Cel ORAS ARTIMENCE OF CONTRIBUTING TO DEATH B IDITION FOR WHICH OPERAT OF INJURY A.M. MONTH DAY YEA	LE OF BLADDE UT NOT RELATED TO THE TERM ION WAS PERFORMED 21c. HOW INJURY OCCUR	280 AUTOPSY? YES NO W	20b. IF YES, WIN CERTIFYIN YES	/ERE FINDINGS USED IG CAUSES OF DEATH?
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